

PREOPERATIVE FACTORS PREDICTING POSTOPERATIVE MORBIDITY IN PATIENTS WITH PERIAMPULLARY CARCINOMA UNDERGOING PANCREATODUODENECTOMY

Periampullary carcinoma is a carcinoma that forms near the ampulla of vater, an enlargement of the ducts from the liver and pancreas where they join and enter the small intestine .It consists of:

1. ampullary. (ampulla of vater)
2. Biliary . (intrapancreatic distal bile duct)
3. Pancreatic. (head –Uncinate process)
4. Duodenal (mainly from the second portion)

AIM OF THE STUDY

1. To evaluate the incidence of Periampullary carcinoma in Stanley medical college from feb 2016 to sep 2016
2. To know the clinical manifestation
3. To know the investigations to aid the diagnosis and assess the respectability of these tumors.
- 4 To know about the preoperative factors which determine the postoperative morbidity in patients undergoing whipples procedure
5. To study the treatment instituted and the management of complications
6. To review the literature on the subject.

MATERIALS AND METHODS:

- The study is to be carried out in Govt .Stanley Medical college hospital Chennai
- This is a facility based prospective descriptive study involving all patients diagnosed as periampullary carcinoma clinically, radiologically, and pathologically. The relevant data shall be collected by using.
 - Detailed history
 - Hematological investigations: complete hemogram, liver function test, serum proteins and albumin.
 - Coagulation profile – PT ,aPTT, INR
 - Blood culture & sensitivity Stool for occult blood
 - Imaging studies : Xray chest , X ray abdomen erect
 - USG abdomen & pelvis – to find liver, gallbladder, common bile duct, pancreas and duodenum lesions,
 - CT(Plain and contrast) abdomen & pelvis /MRCP– to find exact location, size, extent of tumour.
 - Patients undergoing pancreaticoduodenectomy – pathologically proven carcinomatous lesions
 - Postoperative factors like ventilatory support, abdominal distention, coagulation profile, peritonitis, fever, sepsis, no of days of ICU stay, ionotropic support, biochemical derangements are taken into study.

PREOPERATIVE FACTORS INCLUDED IN STUDY

- Age,
- Tumour localization,
- CA 19-9 levels
- Preoperative bilirubin levels
- Preoperative albumin levels
- ERCP and stenting
- cholangitis

POSTOPERATIVE FACTORS INCLUDED IN STUDY

- Ventilatory support

- Sepsis,
- No of days of ICU stay,
- Inotropic support,
- Biochemical derangements
- relaparotomy

INCLUSION CRITERIA

- All patients with periampullary carcinoma undergoing pancreaticoduodenectomy(whipple procedure) in Govt Stanley hospital

EXCLUSION CRITERIA

- Uncertain diagnosis and death

SUMMARY

- Among the study group of 25 patients underwent pancreaticoduodenectomy commonest neoplasm is ampullary growth.
- Male female ratio 2.8: 1
- Age – commonest in our study is 6th decade.
- In our study age group ranges from 3rd to 7th decade
- Ampullary growth is common in males , where as in females head of pancreas growth is common.
- Among study group females had higher incidence of ampullary growth when they enter 6th decade.
- Most common presenting symptom is abdominal pain , followed by jaundice
- Hyperbilirubinemia is seen in 74% of patients
- Cholangitis is seen in 48% of patients Hypoalbuminemia seen in 76% of patients.
- Hypoalbuminemia is common in ampullary neoplasms, followed by head of pancreas neoplasm
- 60% of patients with obstructive jaundice underwent ERCP and 35% of patients underwent ERCP guided stenting.
- 12% (3 out of 25) patients had h/o previous surgery
- Patients having preoperative cholangitis had

-post operative septicemia

-requires inotropic supports

-prolonged ventilatory support

- Among the patients who had preoperative cholangitis ERCP stented patients had uneventful postoperative course
- CA19- 9 levels elevated in 88% Of cases

- 4%(1 patient) received preoperative chemotherapy
- 12%of patient underwent relaporotomy, commonest indication being pancreatic anastomotic leak(PJ>PG) followed by haemorrhage
- 4% of patient underwent angioembolisation for haemorrhage

- **CONCLUSION**

- Periapillary neoplasms are common in males
- Majority of patient underwent pancreaticoduodenectomy, commonest neoplasm is ampullary growth
- Maximum age of incidence is between 60 to 70 years
- Male female ratio 2.8: 1
- Commonest presentation is abdominal pain and jaundice
- CA 19 – 9 levels elevated in 88% of cases
- Hyperbilirubinemia and hypoalbuminemia causes severe postoperative morbidity
- Patients with obstructive jaundice requires ERCP and stenting reduces postoperative morbidity
- Patients with obstructive jaundice requires prolonged ventilatory support, inotropic support
- Patients with preoperative cholangitis had postoperative sepsis commonly
- Commonest indication for relaporotomy is pancreatic leak
- (PJ>PG)
- Preoperative preparation of patient influences the outcome of surgery